



# METRO Parks

## Authorization for Record Check

Complete this form only if you are 18 years of age or older

I, \_\_\_\_\_  
PRINT FIRST NAME, MIDDLE INITIAL AND LAST NAME

\_\_\_\_\_  
MAIDEN NAME OR FORMER NAME

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

do hereby authorize the Louisville/Jefferson County Metro Government to search any police records for any arrest, conviction or information they have regarding me, and to make this information available to Metro Parks and the Louisville/Jefferson County Metro Government, who is a prospective employer.

### Description

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Scars, marks or tattoos \_\_\_\_\_

\_\_\_\_\_

Volunteer Facility/Program: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signature of person requesting above \_\_\_\_\_